

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FO XTO-875)

SERIAL NO.

10 / 532613

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT				
	IND.		DEP.		IND.			IND.		DEP.		IND.				
1	1							51	(1)							
2		1						52	(1)							
3		1						53	(1)							
4		2						54	2							
5	(1)							55								
6	(1)							56								
7	(1)							57								
8	(1)							58								
9	(1)							59								
10	(1)							60								
11	(1)							61								
12	(1)							62								
13	(1)							63								
14	(1)							64								
15	(1)							65								
16	(1)							66								
17	(1)							67								
18	(1)							68								
19	(1)							69								
20	(1)							70								
21	(1)							71								
22	(1)							72								
23	(1)							73								
24	(1)							74								
25	(1)							75								
26	(1)							76								
27	(1)							77								
28	(1)							78								
29	(1)							79								
30	(1)							80								
31	(1)							81								
32								82								
33	1							83								
34	2							84								
35	2							85								
36	2							86								
37	2							87								
38	2							88								
39	2							89								
40	2							90								
41	(1)							91								
42	(1)							92								
43	(1)							93								
44	(1)							94								
45	(1)							95								
46	(1)							96								
47	(1)							97								
48	(1)							98								
49	(1)							99								
50	(1)							100								
TOTAL IND.								TOTAL IND.	2							
TOTAL DEP.								TOTAL DEP.								
TOTAL CLAIMS								TOTAL CLAIMS	61							